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**APPLICANTS**

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NB

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/436,636 12/30/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 04/26/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged	Allowance Examiner's Signature: <i>[Signature]</i> Initials: NB				

**ADDRESS**

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**TITLE**

Radiological image processing based on different views of temporal images

<b>FILING FEE RECEIVED</b> 513	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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